

PUBLIC HEALTH OFFICIAL INFORMATION – BUSINESS / PUBLIC CONTACT INFO

Please complete the following information for each health jurisdiction in which you work for inclusion in the electronic Public Health Official Directory that is posted on the Internet. All directory information is available to the general public as well as other local health officials through the Local Health Officials website. Do not include information you do not want shared in this manner.

Name: _____

Health Jurisdiction: _____

Mailing address: _____

Telephone number: _____ FAX number: _____

Beeper number: _____ Cellular number: _____

Email address: _____

Start date: _____ Hours/month: _____

Highest Degree Earned: _____ Year of graduation: _____

Medical School: _____ Year of graduation: _____

Internship: ☐ Yes ☐ No If yes, specify specialty: _____

Residency: ☐ Yes ☐ No If yes, specify specialty: _____

Fellowship: ☐ Yes ☐ No If yes, specify specialty: _____

MPH: ☐ Yes ☐ No If yes, specify specialty: _____

Clinical experience: _____

LISTSERV SUBSCRIPTION:

Please check the list(s) you are interested in subscribing and email address (if different than above) to use for subscribing.

☐ LHJ-HO Email address: _____

lhj-ho@listserv.wa.gov - Washington State Local Health Jurisdiction's Health Officers

This electronic forum provides an opportunity for local health officers across the state to communicate and share information and resources regarding the work they do in public health at the community level.

☐ WSALPHO Email address: _____

wsalpho@listserv.wa.gov - Washington Public Health Officials List

The purpose of this list is to facilitate communication among the local and state partners of the governmental public health system.

☐ WSALPHO-PHND Email address: _____

wsalpho-phnd@listserv.wa.gov - Public Health Nursing Directors

The wsalpho-phnd list may be used to share experiences, ask for information or analyze trends, and discuss policy or any other issues surrounding public health nursing. It is intended to be used only by public health nursing directors working in local health jurisdictions in Washington State.

CONSULTATION:

Please check each area on which you are willing to consult (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Behaviors presenting imminent danger to public health | <input type="checkbox"/> Illegal drug lab cleanup | <input type="checkbox"/> Consolidated contract |
| <input type="checkbox"/> Measles outbreak control | <input type="checkbox"/> Indoor air pollution / sick building syndrome | <input type="checkbox"/> Medicaid administrative match |
| <input type="checkbox"/> Foodborne disease outbreak investigation | <input type="checkbox"/> Risk management / litigation / liability | <input type="checkbox"/> Union issues |
| <input type="checkbox"/> Tuberculosis treatment | <input type="checkbox"/> Public / private / community collaboration | <input type="checkbox"/> Jail health |
| <input type="checkbox"/> Tuberculosis detention | <input type="checkbox"/> Assessment using health data | <input type="checkbox"/> Needle exchange |
| <input type="checkbox"/> Pertussis outbreak control | <input type="checkbox"/> Notifiable conditions / communicable disease (includes vaccine-preventable diseases) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Meningococcal disease prophylaxis | <input type="checkbox"/> Immunizations | |
| <input type="checkbox"/> Disease cluster investigation | <input type="checkbox"/> HIV/AIDS (beyond partner notification) | MCH Related |
| <input type="checkbox"/> STD diagnosis and treatment of minors | <input type="checkbox"/> Family planning / reproductive health | <input type="checkbox"/> Family support services |
| <input type="checkbox"/> Substantial exposure to blood (bloodborne pathogens) | <input type="checkbox"/> Oral health | <input type="checkbox"/> MSS / MCM |
| <input type="checkbox"/> HIV partner notification | | <input type="checkbox"/> School health |
| | | <input type="checkbox"/> Child care |
| | | <input type="checkbox"/> CSHCN |
| | | <input type="checkbox"/> Child abuse prevention and intervention |
| | | <input type="checkbox"/> PHN intensive home visits |

Other: _____